

**American Urological Association.**—The Western Section of the American Urological Association will hold its annual meeting in San Francisco on Friday-Saturday, June 2-3, 1944. Headquarters will be at the Sir Francis Drake. Information concerning the meeting may be secured from the secretary, Dudley P. Fagerstrom, M. D., 710 Medico-Dental Building, San Jose.

**Municipal Health Service System of San Francisco.**—The Municipal Health Service System of San Francisco completed its fifth year of operation under Plan I on September 30, 1943. For five years the city and school employees had provided themselves with medical protection through an organization established under the city and county charter as a department of the municipal government.

About 10,000 employees of the city and school departments have participated in the System each year since the medical benefits became available. In addition, about one-third of them have maintained membership for their dependents. Membership of dependents and other voluntary members has averaged about 5,000 subscribers each year. The 15,000 persons so protected have had access to the best medical services and facilities in San Francisco.

A total of \$477,000.55 was contributed to the funds of the System by the city and school employees for doctor, hospital and auxiliary medical care for themselves and their dependents during the 12-month period ending September 30, 1943. The average employee membership was 9,918 per month. Membership receipts for this group were \$327,119.40. The membership rate for employees was \$2.50 per month for the first two months of this period and \$2.80 per month for the last ten months of the year.

**Kenny Treatment in Poliomyelitis.**—"The Kenny concepts of poliomyelitis have not been substantiated by recent observation and study, and Kenny's ideas have added nothing that was not already known about the disease," Dr. William H. Northway, assistant professor of medicine (physiotherapy) in the Stanford University School of Medicine, recently declared in a lecture at Lane Hall in San Francisco.

His talk on "The Treatment of Poliomyelitis" was the first of the annual series of popular medical lectures given by Stanford.

"The Kenny treatment of the symptoms has certain advantages over some procedures used in the past," Dr. Northway conceded, "and her routine of muscle training is very useful."

Dr. Northway declared that "there is no known specific treatment for poliomyelitis. Treatment is therefore directed toward relief of the acute symptoms of pain and muscle spasm, and the rebuilding of muscle power after the disease has run its course."

"Medical practice has much to offer the victim of poliomyelitis through the coöperative effort of the neurologist, orthopedist and physical therapist. No cult, schism or fanaticism has a place in the treatment of this disease."

**Civilian Hospitals to Get Penicillin Quota.**—A nation-wide system for limited distribution of penicillin to civilians has been announced by the War Production Board.

Under the system, supplies will be channeled to more than 1,000 depot hospitals.

An "Office of Civilian Penicillin Distribution" has been established in Chicago at the W.P.B. regional office to carry out the distribution.

Depot hospitals will be expected to recognize the requests of other hospitals in their areas and to furnish penicillin to the best of their ability when a need has been established.

**Blue Cross Hospitalization Service.**—More than 2,000 employed subscribers and dependents have been added to the membership of Sacramento's Blue Cross Plan, Intercoast Hospitalization Insurance Association, during the first quarter of 1944, according to P. A. Stitt, local executive director in Sacramento.

Blue Cross Plans are non-profit organizations and hospital service to subscribers is guaranteed by the participating hospitals. They operate under the public welfare and insurance departments of the various states and provinces and according to an approved program of the American Hospital Association based upon 14 community service and public welfare principles.

Voluntary membership in these community and state-sponsored plans is now available to 90 per cent of the American population.

**Wartime Population Accessions in California.**—Largest war-stimulated population increase in any metropolitan area between April 1, 1940, and November 1, 1943, occurred in Los Angeles, the Office of War Information recently announced in summarizing reports and estimates on population changes from several Federal agencies.

The statement, which is more up-to-date than recent figures from the Census Bureau, said the influx into Los Angeles totaled 378,292 persons during the three-and-one-half-year period.

Movement of war workers brought "a marked redistribution of population," the O.W.I. said in analyzing information collected by the Census Bureau, War Manpower Commission, Selective Service System and War Production Board.

The most significant shift was away from the Northeast Atlantic area and into the West Coast States. California gained a total of 1,013,629 persons.

Close relation between war production and population increases was emphasized by the study.

Los Angeles ranged sixth in the list of areas with most government-financed production facilities, and third on the combined basis of contracts and facilities.

The table showed various government agencies have put \$413,881,000 into Los Angeles for factories and other production facilities. Commitments for San Francisco-Oakland amounted to \$477,990,000 and for San Diego to \$191,239,000. Chicago headed this list with Detroit second.

While Los Angeles had the largest numerical increase, several other California areas showed larger percentage gains. Inyo County population rose 122.7 per cent; Modoc County, 63.7 per cent; San Diego County, 42.9 per cent; the San Francisco area (Contra Costa, Solano, Marin, San Mateo and Alameda counties), 26 per cent, and San Joaquin County, 13.1 per cent. The gain in the Los Angeles city area was 13 per cent, with Orange County increasing 17.2 per cent and Los Angeles County 12.8 per cent.

**Press Clippings.**—Some news items from the daily press on matters related to medical practice follow:

**Dr. Ray L. Wilbur Heads Baruch Medical Endowment**

New York, April 27.—The sum of \$1,100,000 was given today by Bernard M. Baruch, financier and philanthropist, for teaching of and research in physical medicine.

The gift is intended as a tribute to the memory of Mr.

Baruch's father, the late Dr. Simon Baruch, a surgeon of the Confederate Army who subsequently turned his attention to the healing powers of sun, water, air, heat and other agents embraced in the field of physical medicine.

The nation's wounded fighting men will be among the first to benefit from the Baruch gift. Some of the money is earmarked for immediate use in connection with rehabilitation of the war wounded.

The grants were made on the recommendation of a committee appointed by Mr. Baruch last October to study the subject and report to him. Dr. Ray Lyman Wilbur, Chancellor of Stanford University and chairman of this committee, becomes chairman of an administrative board for the gift. . . . —San Francisco News, April 27.

#### Proposed Medical Bill Is the Height of Folly, Says Grange

Last June, Senators Robert F. Wagner of New York and James Murray of Montana introduced a bill, S.1161, commonly known as the Wagner-Murray Bill. This measure proposes to raise annually by taxation, mostly from payrolls, approximately \$12,000,000,000. Of this sum, an amount estimated at \$3,048,000,000 is to be allocated to provide medical care by the government.

The bill proposes placing in the hands of one man, the Surgeon General of the Public Health Service, the power and authority to:

1. Hire doctors, possibly all doctors, at fixed salaries to provide medical service;
2. Designate which doctors can be specialists;
3. Determine the number of individuals for whom any physician may provide service;
4. Determine arbitrarily what hospitals or clinics may provide service for patients.

The title of the bill reads like a quack medicine advertisement. The measure contains 89 proposed amendments to the Social Security Act. If this bill should ever pass—which God forbid—the entire country would be hopelessly mired in the Dismal Swamp of state socialism.—National Grange Clip Sheet.—Sonoma Index-Tribune, March 24.

#### Government Control a "Disaster"

Socialized medicine would mean greater security for doctors. Therefore, the medical profession, in opposing socialization, is not grinding the ax of personal gain. This is hard for medical critics, who think comfort is the millennium, to understand.

Doctors oppose government domination of medicine for two reasons: First, because it would lower medical standards and bring about inferior medical service to the people. Second, because, as American citizens with a background of freedom and individualism, they have no alternative but to oppose any measure which they feel is a threat to American institutions and constitutional government. Socialized medicine, like socialization of industry, would hasten the end of freedom in this nation.

The doctors have been accused of selfishness and blind conservatism in their battle against government medicine. If they were selfish they would not be killing themselves trying to maintain the health of the nation during the present crisis. They are far from blind conservatives, because more than anyone else, they come into contact with misfortune and death. They are working constantly to broaden and improve medical care. Some measure of their success is indicated by the fact that the span of life in the last century-and-a-half has been increased from 35 years to 62 years—almost doubled.

The attitude of physicians on the issue of socialized medicine has been well described by Rear Admiral Ross T. McIntire, the president's personal physician:

"It is my hope," he said, "that we shall never see medicine subsidized by the government. I hope that the time never comes when the practice of medicine or anything that has to do with it comes under government control. It would be a disaster to this country. . . ."—Red Bluff News, March 11.

#### The American Way

##### Health Freedom Versus Health Security

By George Peck

An editorial by Roy R. Downer, editor of the Cedar Rapids, Iowa, "Tribune," a Labor and Independent Republican weekly newspaper, strikes us as being the best of the thousands of editorials that have been written regarding the Wagner-Murray bill. It calls no names; it slings no mud; but it is packed full of common sense and sound logic. We quote it in full below. It needs no amplification. The rest of this piece is Mr. Downer's:

In all the large plans of the Henry Wallace type that have been hatched in Washington—and a new one breaks through the shell every week or so—the promoters are

inclined to use the words "freedom" and "security" interchangeably, as if they meant practically the same thing. Brother, there's a world of difference!

The difference is well illustrated by something that happened in a great industrial plant in a neighboring state some years ago. It was a non-union plant—in fact anti-union; its management used all the tricks to prevent the employees from organizing. Management built a recreation hall for the employees, with a gym and showers and game room; built a library; hired a full-time doctor and nurses to care for the workers and their families, free of charge.

Management tried to show it was a big and generous father, giving its workers more security than any union could.

But the workers said take 'em away; said they didn't want free baths and free books and free medicine.

"Give us a fair wage," they said, "and then we can take the kind of recreation we choose, and buy the books we like, and build our own showers, and call the doctor of our choice."

These workers knew—and every worker ought to realize—that the benefits that are handed out by somebody else (though actually paid for by deductions from the worker's own pay envelope), are security at the expense of freedom. The lifer in the penitentiary has that kind of security.

The natural tendency is, when government or employer offers you something you desire, to take it and be grateful; but that's the shortsighted view. Since you are paying for it (government hasn't any money but that which it receives from your labor, neither has an employer), why not buy it directly? That way, and that way only, your money will purchase exactly what you want it to.

Government medical care in particular, as proposed in the Wagner-Murray bill now pending in Congress, would be health security (maybe!) at the expense of one of the most natural and necessary of all freedoms: the freedom to pick your own friends and advisers.

State medicine wouldn't be as efficient as private medicine, and you can bet your bottom dollar on that. And in the field of medicine, inefficiency means the loss of life—maybe your child's. This shortcoming wouldn't be due to the appointment of second-rate doctors as the official practitioners, but to the inherent inefficiency of red-tape methods and the attempt to make application blanks and report forms take the place of personal, friendly, face-to-face contacts.

Your private doctor is your friend; that has always been the relationship between physician and patient in America, and as a result we have the best medical service in the world. Would a government doctor be your friend? He couldn't if he wanted to be; there would be rules to govern his conduct toward you, keeping the relationship on a strictly impersonal basis. It would have to be that way, otherwise government medicine would bog down before it got started.

State medicine—health security—they sound good; but they wouldn't be so good.—Coalinga Record, March 21.

#### Social Security Held Means of Paying Due Debt

"Social security is a gadget added under modern economic conditions to the system of individual initiative and private enterprise to make them work smoothly."

Such is the definition of George E. Bigge, member of the Social Security Board, Washington, and erstwhile University of Michigan economist.

He was the speaker yesterday at a Town Hall meeting in the Biltmore, rebutting the address there of a week ago. . . . —Los Angeles Times, April 25.

**Ruling on Optometry Practice.**—Persons who are not registered optometrists and who are not licensed to practice optometry may not practice this profession. Attorney General Robert W. Kenny stated in opinion NS5376. Request for Kenny's ruling came from Harry E. Goodman, President of the State Board of Optometry. Los Angeles. Kenny stated that the Legislature had provided definite qualifications for the licensing of such persons, and that a violation of this law would subject them to penalties as provided under the Business and Professions Code. Kenny's attention had been called to the fact that during recent months the State Board of Optometry has been faced with the problem of lay persons practicing this profession under the employ of registered optometrists.